

Lead Assessor Information Sheet

Must accompany registration for Lead Assessor Training and must contain CalTPA Coordinator's signature.

— Please Print —

Individual Information

Your Name _____ Lead Assessor Training Date _____

Your Email _____

Program Information

Program Name _____

CalTPA Coordinator _____

CalTPA Coordinator Signature _____

Department Chair Name _____ email _____

of Candidates in Program/Year: _____ Multiple Subject _____ Single Subject

Date Began CalTPA Implementation _____

Number of Assessors _____ Planned / Actual (circle one)

We desire on-site CTC-sponsored Program Assessor Training (y / n – circle one). Dates _____

Your Program Assessor Training

Date	Location	Trainer
		Foundations/Orientation
		Subject-Specific Pedagogy
		Designing Instruction
		Assessing Learning
		Culminating Teaching Experience

Your Program Assessor Experience

Beginning Date	Cases scored per year	
		Subject-Specific Pedagogy
		Designing Instruction
		Assessing Learning
		Culminating Teaching Experience

Your Lead Assessor Training Plans

Trainings 08-09	Number of Assessors	
		Foundations/Orientation
		Subject-Specific Pedagogy
		Designing Instruction
		Assessing Learning
		Culminating Teaching Experience

_____ My program is in a CalTPA assessor training consortium with other programs (y/n)

_____ If yes, Program Names: _____

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